

# **2009 LIMITED LIABILITY COMPANY ANNUAL REPORT**

DOCUMENT# L08000116031

**FILED**  
**Apr 29, 2009**  
**Secretary of State**

**Entity Name:** CARTS TAXI SERVICE, L.L.C.

**Current Principal Place of Business:**

5181 98 AVE  
PINELLAS PARK, FL 33782

**New Principal Place of Business:**

**Current Mailing Address:**

5181 98TH AVE  
PINELLAS PART, FL 33782

**New Mailing Address:**

5181 98 AVE  
PINELLAS PARK, FL 33782

**FEI Number:** 26-3915648

**FEI Number Applied For ( )**

**FEI Number Not Applicable ( )**

**Certificate of Status Desired ( )**

**Name and Address of Current Registered Agent:**

MAXLOW, RICHARD  
5181 98 AVE  
PINELLAS PARK, FL 33782 US

**Name and Address of New Registered Agent:**

MAXLOW, RICHARD A  
5181 98 AVE  
PINELLAS PARK, FL 33782 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: RICHARD MAXLOW

04/29/2009

Electronic Signature of Registered Agent

Date

**MANAGING MEMBERS/MANAGERS:**

Title: MGRM ( ) Delete  
Name: MAXLOW, RICHARD  
Address: 5181 98 AVE  
City-St-Zip: PINELLAS PARK, FL 33782

**ADDITIONS/CHANGES:**

Title: ( ) Change ( ) Addition  
Name:  
Address:  
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: RICHARD MAXLOW

MGRM

04/29/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date